



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E351905**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION
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CASE #	14-02087
LOCAL AGENCY CODING	0664
TOTAL # OF UNITS	02
OBJECT STRUCK	

M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION 08 - 27 - 2014	0727	31		
N S	E W	IN OF		0664

ON (PRIMARY TRAFFIC WAY) INTERSECTION <input checked="" type="checkbox"/> NON-INTERSECTION <input type="checkbox"/>
20 ST SE
BLOCK NO. <input checked="" type="checkbox"/> 7900
MILE POST

DISTANCE	OF (REFERENCE OR CROSS STREET)
	79 AVE SE

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE N: 3605406483
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LAST NAME	GONZALEZ-MENDEZ	FIRST NAME	MOISES	MIDDLE INITIAL
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STREET NEW ADDRESS	120 N 21 ST
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CITY	MOUNT VERNON	ST	WA	ZIP	98273
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GDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	GONZAM*042NJ	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	08	11	1996
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	AJV1102	STATE	WA	VIN#	1HGED3559LL026942
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	1990	MAKE	HOND	MODEL	CIVIC	STYLE	SD	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.
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LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	NONE
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	4Z0143342	CHARGE	46.30.020, 46.20.015
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE D: 4254571025
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LAST NAME	ETTER	FIRST NAME	FOREST	MIDDLE INITIAL	M
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STREET NEW ADDRESS	22943 SE 287TH ST
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CITY	MAPLE VALLEY	ST	WA	ZIP	98038
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GDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	ETTERFM063RR	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	12	19	1994
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	B39122F	STATE	WA	VIN#	1GBKC34J4YF425447
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2000	MAKE	CHEV	MODEL	FLAT	STYLE	FB	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	J Z B INC 23723 137TH DR SE SNOHOMISH WA 98296
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	OHIO CASUALTY INSURAVE BAO56160727
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VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	ROBERT MINER	BADGE OR ID #	095	AGENCY	WA0311900
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STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E351905**

CASE # **14-02087**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME  
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.  
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT  
POS.

AIRBAG

RESTR.

EJECT

HELMET  
USE

INJURY  
CLASS

NATURE OF INJURIES

NAME  
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.  
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT  
POS.

AIRBAG

RESTR.

EJECT

HELMET  
USE

INJURY  
CLASS

NATURE OF INJURIES

NAME  
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.  
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT  
POS.

AIRBAG

RESTR.

EJECT

HELMET  
USE

INJURY  
CLASS

NATURE OF INJURIES

NARRATIVE

Unit #2 was eastbound on 20 ST SE, stopped first in line for a red light at 79 AVE SE to continue eastbound. Unit #1 was eastbound 20 ST SE directly behind Unit #2. Unit #1 did not notice Unit #2 was stopping and rear ended it, for was to close to stop in time. Unit #1 did not have a license or insurance and was issued an NOI for both. There was no damage to Unit #2.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**ROBERT MINER**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

**08-27-14 09:25 AM**

DATED

PLACE SIGNED

APPROVED BY

**ROBERT MINER 095**

DATE

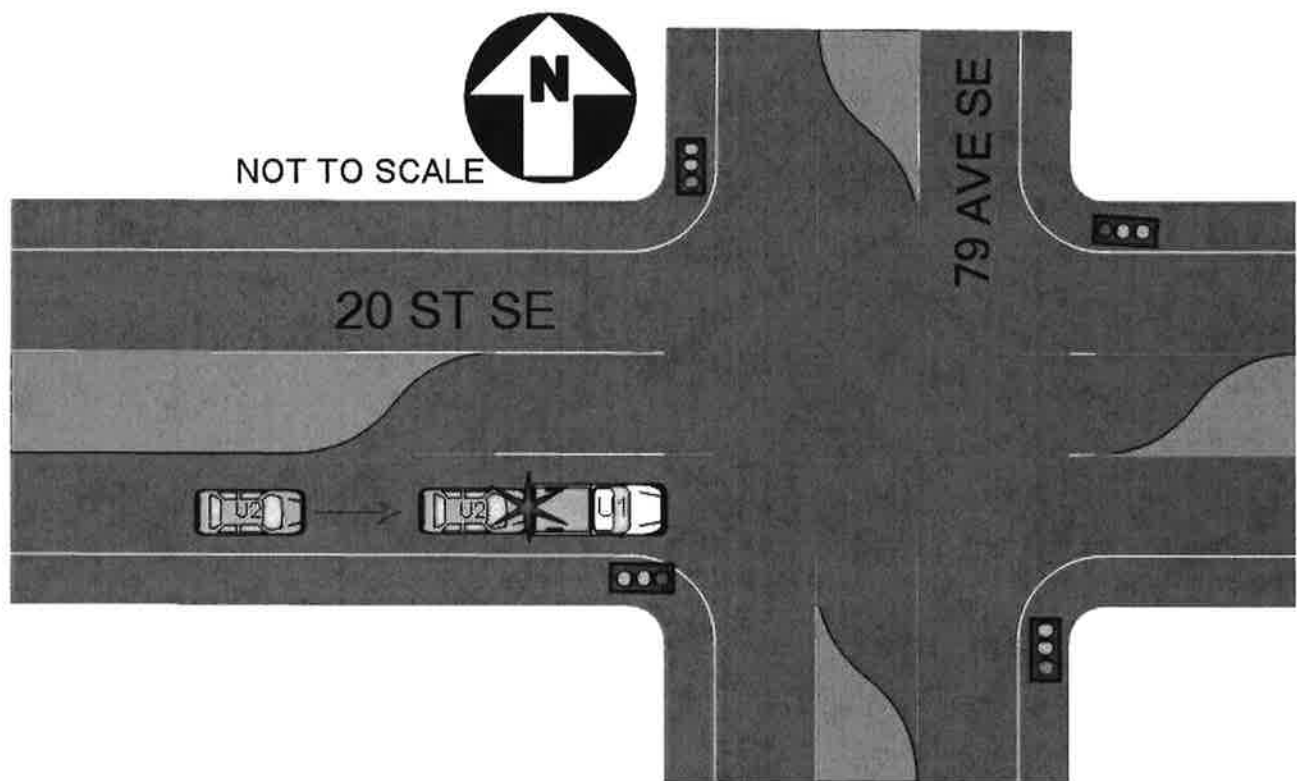
**8/27/2014 9:25:33 AM**

BADGE OR ID # **095**

ORI # **WA0311900**

TIME POLICE DISPATCHED **7:27 AM**

TIME POLICE ARRIVED **7:27 AM**



IN THE ☐ DISTRICT ☒ MUNICIPAL COURT OF LAKE STEVENS VIOLATION BUREAU LAKE STEVENS LAKE STEVENS  
☐ STATE OF WASHINGTON ☐ COUNTY OF THE UNDERSIGNED CERTIFIES AND SAYS THAT IN THE STATE OF WASHINGTON ☒ CITY/TOWN OF PLAINTIFF VS. NAMED DEFENDANT

DRIVER'S LICENSE NO. (ID ONLY) **GONZALEZ-MENDEZ** STATE **WA** EXPIRES **08-11-17** PHOTO ID MATCHED ☒ YES ☐ NO NAME: LAST **GONZALEZ-MENDEZ** FIRST **MOISES** MIDDLE SFX CDL ☐ YES ☐ NO  
ADDRESS **120 N 21 ST** IF NEW ADDRESS ☐ PASSENGER CITY **MOUNT VERNON** STATE **WA** ZIP CODE **98273**

EMPLOYER DATE OF BIRTH **08-11-96** RACE **H** SEX **M** HEIGHT **5'10"** WEIGHT **148** EYES **BLK** HAIR **BLK** RESIDENTIAL PHONE NO. **(360)540-6483** CELL/PAGER PHONE NO. **(360)540-6483** WORK PHONE NO.  
VIOLATION DATE **08/27/2014 07:42** INTERPRETER NEEDED ☐ AT LOCATION **20 ST NE** REF. TRAFFICWAY **LAKE STEVENS/SNOHOMISH** M.P. BLOCK # **7900** CITY/COUNTY OF **LAKE STEVENS/SNOHOMISH**

VEH LIC NO **AJVT102** STATE **WA** EXPIRES **06-27-15** VEH YR **1990** MAKE **HONDA** MODEL **CIVIC** STYLE **SEDAN** COLOR **GRAY**  
TR #1 LIC NO STATE EXPIRES TR YR TR #2 LIC NO STATE EXPIRES TR YR  
OWNER/COMPANY IF OTHER THAN DRIVER  
ADDRESS CITY STATE ZIP CODE

ACCIDENT NO COMMERCIAL VEHICLE ☐ YES ☒ NO 16+ PASS ☐ YES ☒ NO HAZMAT ☐ YES ☒ NO EXEMPT VEHICLE ☐ FIRE ☐ LEA  
VEH SPEED IN A ZONE SMD ☐ AIRCRAFT ☐  
1. VIOLATION/STATUTE CODE **46.30.020** DID THEN AND THERE COMMIT EACH OF THE FOLLOWING OFFENSES **OP MOT VEH W/OUT INS** PENALTY \$ **550.00**  
2. VIOLATION/STATUTE CODE **46.20.015** NO VALID OPER LICENSE WITH VALID ID PENALTY \$ **550.00**  
3. VIOLATION/STATUTE CODE PENALTY \$  
4. VIOLATION/STATUTE CODE PENALTY \$  
5. VIOLATION/STATUTE CODE PENALTY \$

RELATED # DATE ISSUED **08-27-14** TOTAL PENALTY \$ **1,100.00**  
I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT I HAVE ISSUED THIS ON THE DATE AND AT THE LOCATION ABOVE, THAT I HAVE PROBABLE CAUSE TO BELIEVE THE ABOVE NAMED PERSON COMMITTED THE ABOVE OFFENSE(S), AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.  
OFFICER **ROBERT MINER** # **095** OFFICER #  
☒ TICKET SERVED ON VIOLATOR ☐ TICKET REFERRED TO PROSECUTOR  
☐ TICKET SENT TO COURT FOR MAILING

**NOTICE OF INFRACCTION**  
This is a non-criminal offense for which you cannot go to jail.  
**YOU MUST RESPOND WITHIN FIFTEEN (15) DAYS FROM THE DATE ISSUED.**  
Your response must be postmarked by midnight of the day it is due at the court.  
If you do not respond or appear for court hearings:  
**TRAFFIC**  
The court will find that you committed the infracction.  
You may lose your driver's license privilege.  
Your penalty will be increased.  
Failure to pay may result in a referral of your case to a collection agency.  
**NON-TRAFFIC**  
The court will find that you committed the infracction.  
It is a crime and will be treated accordingly.  
Your penalty may be increased.  
Failure to pay may result in a referral of your case to a collection agency.  
**Check one of the 3 boxes to the right, sign, date, and mail this form to:**

Court contact information:  
Phone 1: **(425)334-1012**  
**LAKE STEVENS VIOLATION BUREAU**  
**PO BOX 257**  
**LAKE STEVENS WA 98258**  
Name: My mailing address is: **(PLEASE PRINT)**  
Street or PO Box Apt  
City: State: Zip Code:  
Telephone: Home: Work:  
☐ is interpreter needed? Language: X: **(SIGNATURE):** **4Z0143342**



Incident History for: #SS14016782 Xref: #SS14016780

Case Numbers: \$SS14002087

Entered 08/27/14 07:27:42 BY SPDP17 SP0297

Dispatched 08/27/14 07:27:42 BY SPDP17 SP0297

Enroute 08/27/14 07:27:42

Onscene 08/27/14 07:27:42

Closed 08/27/14 07:54:49

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS003 Fire BLK: AG1417 Map Page: 397C-3 Group: SS1 Beat: Src

Loc: 20 ST SE/79 AV SE , LKS (V)

Loc Info:

Name:	Addr:	Phone:
/0727 (SP0297) \$OUTSRV	, NO MORE INFORMATION	
/0727 DISPOS 19S13	#SS95 MINER, SGT (ROBERT)	
	, NO MORE INFORMATION	
/0727 CROSS	#SS14016780	
/0727 MISC 19S13	, THERE IS INDEED A 2ND COLISION	
/0727 CHANGE	LOC: 20 ST SE/79 AV SE --> 20 ST SE/79 AV SE , L	
	KS,	
	BLK: --> SS003	
/0734 (SS95 ) *ASNCAS 19S13	\$SS14002087	
/0734 REMINQ 19S13	MDTVEH, AJV1102, , WA, , , , , , , , , ,	
/0735 REMINQ 19S13	MDTWANT, GONZALEZ, MOISES, , 081196, , , WA, , , , , , , , , ,	
/0735 (SP0297) ASSTER 19D2	[20 ST SE/79 AV SE , LKS]	
	#SS131 WELLS, OFCR (CHAD)	
/0737 CLEAR 19D2		
/0738 (SS95 ) REMINQ 19S13	MDTVEH, B39122F, , WA, , , , , , , , , ,	
/0739 REMINQ 19S13	MDTWANT, ETTER, FOREST, M, 121994, , , WA, , , , , , , , , ,	
/0754 (SP0297) CLEAR 19S13	D/H	
/0754 CLOSE 19S13		